PART B - FEE(S) TRANSMITTAL

Complete and send as form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Pate

	TRADEMANS				P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885					
ī ā i	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address.									
•	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for Pay change of siddress) 26332 7590 01/26/2006					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must				
					have its own certificate of mailing or transmission.					
	ATTN: SANDRA 20511 LAKE FOR			ENT		Cer I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USF	rtificate of Mail his Fcc(s) Transi with sufficient p 1 Stop ISSUE TO (571) 273-2	ling or Trans mittal is being ostage for fin FEE address 885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.	
ላኃ /ለር /	LAKE FOREST, CA 92630 2/06/2006 TBESHAH2 00000037 231209 10087550					Renee M. Franks (Depositor				
VZ/V6/	COOP IRESHME GOOD	A91 E91EA) 1000199	,			Dencer 8.	7 - 6 Jun	<u> </u>	(Signature)	
01 FC:	1501 1400.00					February 3,	2006		(Date)	
02 FG	APPLICATION NO.	FILING DATE		ITRST NAMED INVEN		ror .	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
•	10/087,550	02/28/2002		Robert D. Catiller		K35A0912		2162		
۲	APPLN. TYPE	SMALL ENTITY	TSSUE F	ij T	DT T	BLICATION FEE	TOTAL FEE	מוח (או	DATE DUE	
L			<u> </u>				TOTAL FEE(S) DUE		*****	
_	nonprovisional	NO	\$140			\$0 	\$1400		04/26/2006	
L	EXAMINER		ARTUN		αL	ASS-SUBCLASS	J			
	GUILL, RUSSELL L		2123			703-024000				
	I. Change of correspondence address or indication of "Fco Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fce Address" indication (or "Fcc Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered putent attorneys or agents OR, alternatively, (2) the name of a single firm (having us a member a registered attorney or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed. 3					
	ASSIGNEB NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
	Western Digital Technologies, Inc. Lake Forest, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government									
						Individual 🗷 C	orporation or ot	her private gr	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):										
Issue Fee Publication Fee (No small entity discount permitted)				A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies Two (2)			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1209 (enclose an extra copy of this form).							
5	5. Change in Entity Status (from status indicated above)				b. Applicant is no longer claiming SMALL ENTITY status, Sec 37 CFR 1.27(g)(2).					
T N ii	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attempty or agent; or the assignee or other interest as shown by the records of the United States Patent and Trademark Office.							nion identified above. he assignee or other party in		
_	Authorized Signature	foron Em				Date Fe	bruary 3	2006		
_		Jason T. Eyans,				Registration				
T	his collection of information application. Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C relication form to the USPT	11. The information 122 and 37 CFR	n is required to	obtain tion is	or retain a benefit by a cstimated to take 12	the public which	is to file (and)	d by the USPTO to process) ag gathering, preparing, and	

swinning use completes application form to the USF IU. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



Western Digital Corporation 20511 Lake Forest Drive, E118-G Lake Forest, California 92630

> Tel; 949.872.7000 Fax: 949.672.6604

COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE (X NO: (571) 273-2885 (ISSUE FEE) C. OF PAGES: Cover + 1							
CERTIFICATE OF FACSIMILE TRANSMISSION	APPLICATION NO.	10/087,550					
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark	FILING DATE	02/28/2002					
Office on the date indicated below.	FIRST NAMED INVENTOR	Robert D. Catiller					
Renee M. Franks Typed/Printed Name	ART UNIT	2123					
Olener M. June	CONFIRMATION NO.	2162					
Signature February 3, 2006	EXAMINER	Russell L. Guill					
Date	ATTORNEY DOCKET NO.	K35A0912					
TITLE PRESILICON DISK MODEL FOR	SILICON DISK MODEL FOR DESIGN, DEVELOPMENT AND VALIDATION						

ATTACHED WITH THIS SUBMISSION:

1. Form PTOL-85 (1 page)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL, RENEE M. FRANKS AT (949) 672-7871.

CONFIDENTIALITY NOTE

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION MAY BE LEGALLY PRIVILEGED AND IS CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IT IS EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW, INCLUDING COURT ORDERS, IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS FACSIMILE TRANSMISSION TO THE INTENDED RECIPIENT. YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPY OF THIS FACSIMILE TRANSMISSION OR ITS INFORMATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEFAX OR TELEPHONE USING THE ABOVE NUMBERS AND AIRMAIL THIS FACSIMILE TRANSMISSION BACK TO US IMMEDIATELY. THANK YOU.

Y:\IP PROGRAM_KISA FILPS\A0900-A0999A09)Z\FIO\A0912_Faxcover USFTO - ISSUE FEE.doc